## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**図63−031185** 

ARTME	INT O	FPU	BLIC HEALTH AND WELFARE
			Registration District No
NDED			1. PLACE OF DEATH  a. COUNTY  Atchison  b. CITY (If outside corporate limits, give TOWNSHIP only) OR  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a STATE Mo. b. COUNTY Atchison  a. STATE Mo. b. COUNTY Atchison  Inside Limits
TE AME			TOWN Fairfax  C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR  TOWN Fairfax  Ves M No   Inside Limits  d. STREET ADDRESS  (If cutside, give location) Reside on Farm
- 8			INSTITUTION Community Hospital Yes No   Yes No
			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print)  OF DEATH AND DECEMBER 1.000
			5. SEX 6. COLOR OR RACE 7. Married 8 Never Married 8 DATE OF BIRTH 9. AGE (last birthday)   IF UNDER 1 YEAR   IF UNDER 24 H Wildowed Divorced   Months Days Hours Min.
NS.		·	Male White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (City and state or country)  12. CITIZEN OF WHAT COUNTRY
OTTO			Farmer  13b. MOTHER'S MAIDEN NAME  Atchison County Md. U.S. A.  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE  Table U.S. A.
AS F			John Henry Fellows Lida May Condon Bessie Fellows  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give war or dates of
ARE		ENT	NO  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:
ECORD ND OF		OCUM	IMMEDIATE CAUSE (a) VOT DW mon 2/E
THIS	$\frac{1}{1}$		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b)  PLOT MON Dry Physical Sem Due TO (c)  PUT MON Dry Physi
ō			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH But not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female we there a pregnancy in last 90 day  Unknow
N. I			
ENDM			The state of the s
8			20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
			20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK   51ATE
			21. I attended the decessed from 2/24/35, to 1/9/63 and last saw him alive on 8/9/63  Death occurred at 750 Q m on the date stated above, and to the best of my knowledge, from the causes stated.
SHOULE		/IT OF	222 MARIONE / 18 LEVENEY W. M. 226. ADDRESS Janie Mo. 220. ATTE SIGNI
NO.	+	FFIDAV	23c. NAME OF CEMETERY ANCREMATION, 23d. LOCATION (City, town, or county) (State)  REMOVAL (Secify)  Burial  8/11/1963  Pleasant Ridge  Fairfax  Missouri
ı l≪ İ	11	∢	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 24 EGISTRAR'S SIGNATURE
	SHOULD READ INSTEAD OF DATE AMENDED	NO. SHOULD READ INSTEAD OF THIS RECORD ARE AS FOLLOWS  INSTEAD OF   NO. SHOULD READ INSTEAD OF DATE ANENDED TO THIS RECORD ARE AS FOLLOWS  INSTEAD OF DATE AMENDED  PRICE AMENDED	

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udentSignature of Student Embalmer			Signed Marvin Il. Schooler		
	Signatore of Sta			Licensed Embalmer No. 416	
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